

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MW	50	01-13-01
FORMALITY REVIEW	MD	JC9T	01/26/01
RESPONSE FORMALITY REVIEW	H	712	06-16-01

### INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	2	51		101	
2	3	52		102	
3	4	53		103	
4	5	54		104	
5	6	55		105	
6	7	56		106	
7	8	57		107	
8	9	58		108	
9	10	59		109	
10	11	60		110	
11	12	61		111	
12	13	62		112	
13	14	63		113	
14	15	64		114	
15	16	65		115	
16	17	66		116	
17	18	67		117	
18	19	68		118	
19	20	69		119	
20	21	70		120	
21	22	71		121	
22	23	72		122	
23	24	73		123	
24	25	74		124	
25	26	75		125	
26	27	76		126	
27	28	77		127	
28	29	78		128	
29	30	79		129	
30	31	80		130	
31	32	81		131	
32	33	82		132	
33	34	83		133	
34	35	84		134	
35	36	85		135	
36	37	86		136	
37	38	87		137	
38	39	88		138	
39	40	89		139	
40	41	90		140	
41	42	91		141	
42	43	92		142	
43	44	93		143	
44	45	94		144	
45	46	95		145	
46	47	96		146	
47	48	97		147	
48	49	98		148	
49	50	99		149	
50		100		150	

If more than 150 claims or 10 actions  
 staple additional sheet here  
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